



Seneca Nation Training and Employment Resource Center

Seneca Nation Vocational Rehabilitation Program

Application Form

This information will assist the Seneca Nation Vocational Rehabilitation (VR) Program in determining eligibility and vocational planning. Your information will be kept confidential and only used as necessary for your rehabilitation.

Date		How did you hear about VR program?	
Nation Affiliation:		Nation No.	
Do you live on territory? ___ Yes ___ No		If so which one:	
Last Name	First Name	M.I.	Gender
SSN#	Date of Birth	Birth Place	
Marital Status	Phone #	Message #	
Home Address		City	State/Zip
Mailing Address		City	State/Zip
Email Address:		County of residence :	
Emergency Contact:		Relationship :	
Emergency Contact Phone #:			
What is your disability?		Secondary	
Cause of disability		Onset of disability	
Do you use any assistive devices? ___ Yes ___ No		Was this disability due to a work related injury?	
Do you regularly see a doctor or clinic about your disability? ___ Yes ___ No		Please provide name and address of doctor.	
Household Members: Name		Relationship	Age



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EDUCATION

High School Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO, YR _____	If not highest grade successfully completed:
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High School Equivalency Diploma: <input type="checkbox"/> YES <input type="checkbox"/> NO	Special Education Classes- IEP or 504 Plan?
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Have you attended any colleges, universities, or vocational schools? If yes, list below.

College/University	Year attended	Areas Studied or Degree

Work History

Employer Name and Address	Weekly Earnings	Dates employed From – To	Job Title and Duties and Reason for leaving.

TRANSPORTATION

What is your primary means of transportation?

Do you have a license?	State	Exp. Date
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VOCATIONAL INTERESTS / HOBBIES

What are your career interests?

What do you think the perfect job would be for you?

Are you involved in, or interested in cultural activities?



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MILITARY SERVICE		
Do you have military experience?		Service branch
Entry Date	Discharge Date	Honorable/Dishonorable

My signature below indicates that I have given true and accurate information to the VR Program.

I understand the reason I am applying for Seneca Nation Vocational Rehabilitation Program services is to help me gain employment. I agree to work with my Vocational Rehabilitation Counselor and actively look for work consistent with the employment outcome indicated on my individualized plan for employment (IPE) until such time as I am successfully employed. I also understand that I must fully participate in the services I receive by making informed choices about my services and IPE that reflect my interests, priorities, and abilities.

Signature	Date
Intake Tech's signature	Date
Parent/Guardian Signature, if applicable	Date